

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		10/25/99
O.I.P.E. CLASSIFIER	<i>NY</i>		10/30/99
FORMALITY REVIEW		65418	11-9-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/4/02
2	✓	✓	5/6/02
3	✓	✓	5/6/02
4	✓	✓	5/6/02
5	✓	✓	5/6/02
6	✓	✓	5/6/02
7	✓	✓	5/6/02
8	✓	✓	5/6/02
9	✓	✓	5/6/02
10	✓	✓	5/6/02
11	✓	✓	5/6/02
12	✓	✓	5/6/02
13	✓	✓	5/6/02
14	✓	✓	5/6/02
15	✓	✓	5/6/02
16	✓	✓	5/6/02
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32	✓	✓	5/6/02
33	✓	✓	5/6/02
34	✓	✓	5/6/02
35	✓	✓	5/6/02
36	✓	✓	5/6/02
37	✓	✓	5/6/02
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45	✓	✓	5/6/02
46	✓	✓	5/6/02
47	✓	✓	5/6/02
48	✓	✓	5/6/02
49	✓	✓	5/6/02
50	✓	✓	5/6/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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